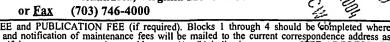
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



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7590

04/26/2004

Paul A. Gottlieb United States Department of Energy GC-62 (FORSTL) MS 6F-067 1000 Independence Avenue, S.W. Washington, DC 20585



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(Depositor's name) (Signature) (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/073,310	02/13/2002	William J. Kosslow	S-84.898	4474	

TITLE OF INVENTION: SMART RADIOLOGICAL DOSIMETER

APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL F	EE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$0	\$1	330	07/26/2004
EXAM	IINER	ART UNI	т	CLASS-SUBCLASS	]		
GAGLIARD	I, ALBERT J	2878		250-376000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or 2 Paul A. Gottlieb				
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.							
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or category	ories (will not be printed on the patent);	□ individual	☐ corporation or other private group entity	🗴 governmen
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):			
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